

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

Date qualified as committee
(If applicable)

Termination – See Part 5

List I.D. number:

Date of Termination

2, 6, 14
Date qualified as committee

Date Stamp	CALIFORNIA FORM 410
14 FEB 14 PM 1:15 OFFICE OF THE CITY CLERK	For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Lauren Meister for West Hollywood City Council 2015

STREET ADDRESS (NO P.O. BOX)

337 Westbourne Drive

CITY

West Hollywood

STATE

CA

ZIP CODE

90048

AREA CODE/PHONE

310-659-3379

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

lauren@meister4weho.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

West Hollywood, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Elyse Eisenberg

STREET ADDRESS (NO P.O. BOX)

1230 Horn Avenue, #526

CITY

West Hollywood

STATE

CA

ZIP CODE

90069

AREA CODE/PHONE

310-657-6190

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2-6-2014 By Elyse Eisenberg
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-6-2014 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT